

Integrating Family Voice into 2Gen Program Design

Generational Opportunities to Achieve Long-Term Success



October 30, 2019

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Introduction

The Generational Opportunities to Achieve Long-Term Success program (GOALS), takes a two-generation (2Gen) approach to improve the overall wellbeing of families experiencing homelessness by enhancing self-sufficiency through residentially based whole family services (parent, child and family). GOALS serves families primarily from the City of Aurora, Colorado, and Arapahoe County, Colorado, who are eligible for or currently receiving public assistance and who are currently experiencing homelessness or are at-risk of becoming homeless. GOALS is a collaborative effort led by Family Tree and Arapahoe County Human Services in partnership with diverse government and community-based service providers. The Center for Policy Research (CPR) is conducting a formative evaluation (Phase I) and impact evaluation (Phase II) of the program.

GOALS was developed and is being tested as an approach to effectively address multi-generational poverty experienced by families contending with homelessness. The intent of the program is to improve overall wellbeing while disrupting the cycle of poverty through directing services to parents, children, and the whole family unit. Through a plan co-created by families and service providers, parents work to overcome barriers and develop skills to achieve economic self-sufficiency. Children have access to high-quality early childhood education and/or education services, and the whole family has access to services that set them up for present and future success. The experience and perspectives of families are incorporated into the program design and inform ongoing program development.



Designing a 2Gen Program with Family Voice

According to Ascend at the Aspen Institute, “for two-generation approaches to work, it’s essential to partner with families as equals”.¹ As such, GOALS program architects began the process of designing a 2Gen program that empowers families to share their stories of what policies do and do not work for them through prioritizing incorporation of their voices into program design and implementation. Through the Phase I Formative Evaluation, CPR developed a 2Gen framework for GOALS. A key component of that framework was engaging families from the target population in designing a program that would be responsive to the barriers and service needs of parents and children in homeless families. This brief describes how CPR engaged family voice in the design and implementation of the GOALS 2Gen program. It concludes with a recommended framework for incorporating family voice in 2Gen program design.

The first step CPR took was to schedule a joint call with Ascend at the Aspen Institute and the Jefferson County, Colorado, Prosperity Project (JPP). Ascend at the Aspen Institute, a leader in the effort to address multi-generational poverty by focusing on whole family approaches to ensuring economic security, education and wellbeing for low-income families, facilitated a discussion on incorporating family voice into program design. JPP was an early implementor of family voice in program design and is held up as a model. The discussion between GOALS program architects, CPR, and JPP provided an overview of possible ideas and lessons learned about best practices and how to ensure a program stays true to the model of family voice as a driver in program design. Following the discussion, CPR gathered information and tools developed by JPP to use as examples in the GOALS program framework.

Following the discussion with JPP, CPR developed a plan to engage families within the GOALS target population to hear from them regarding the service model design. From May to July, 2019 CPR held three focus groups with families in Arapahoe and Denver Counties who are currently receiving or are eligible to receive public benefits and have experienced homelessness or housing instability. The primary goal of these focus groups was to generate feedback from this target population in order to include their “family voice” in the design and implementation of GOALS. Specifically, the focus groups solicited information on:

- Challenges and obstacles families experience that contribute to homelessness
- Services and support needed to overcome family homelessness
- Effective service engagement strategies specific to child, parent and family
- Desired services and activities at GOALS, as well as interest in helping other participants or “giving back”
- Factors contributing to progress on the path to self-sufficiency

CPR created a focus group protocol to guide the questions and incorporated structured activities for opening dialogue and to generate deepening discussion and clarifying questions. Participants in the first two focus groups were informed about the opportunity through their local workforce program case manager. Participants for the third focus group were recruited from a participant pool of parents or soon-to-be parents who were participating in the Center for Work Education and Employment (CWEE) in Denver and who had made demonstrated progress on their path to self-sufficiency. In order to encourage participation and be accommodating to families, Arapahoe County provided food and on-site childcare. Arapahoe County also offered transportation assistance for families

¹ Framing Two-Generation Approaches to Supporting Families. (2019). Retrieved from https://owl.purdue.edu/owl/research_and_citation/apa_style/apa_formatting_and_style_guide/reference_list_electronic_sources.html



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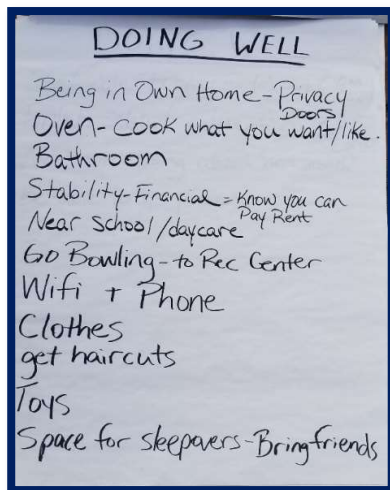
that needed it. CPR offered a \$50 gift card incentive to a local grocery store as a thank you for participating in the focus group to all adult participants. The first focus group was held at the GOALS location in the morning; the second was held in the evening at Arapahoe County Human Services; and the third was held in the afternoon at CWEE. Each focus group lasted approximately 90 minutes.

Participants

A total of twenty-six adults participated in the focus groups. There were twenty-one mothers, two fathers, and two women who were expecting their first child. Participants for the first two focus group were referred by a workforce center caseworker who was asked to select people who were experiencing housing instability and were receiving Temporary Assistance for Needy Families (TANF); participants from the third focus group were selected from currently active CWEE participants. Participants had all experienced homelessness or housing instability; for example, parents described themselves as actively homeless or living in their car, living at a domestic violence shelter, or having been homeless at some point in their lives. Children of the participants ranged in age from newborn to twenty-three years old, with most being five and six years old.

Challenges and Obstacles - “Doing Well” Exercise

CPR began each focus group with an activity that asked participants to describe what “doing well” meant to them. Because each individual and family is unique, this open-ended approach was intended to assess what each family’s needs are in order to inform the GOALS approach to providing services. In addition to asking what it means for the family to be doing well, we asked further questions to explore what “doing well” means specifically for parents and for children.



Overall, participants had modest aspirations for what “doing well” meant for their families: Having enough income to cover expenses, being in your own home, stability, consistent daycare, personal privacy, not stressing about next month, employment, being able to get haircuts for the kids, reliable transportation, and being able to cook. Sometimes, as one woman said, doing well looked like just being able to see light at the end of the tunnel or even just “getting to the next step”. One woman said, “Doing well to me [would be] to have a job that is making enough money where I wouldn’t need government assistance”.

This discussion also provided an excellent opening to ask parents about the obstacles that prevent them from getting ahead. All three groups named a wide range of issues from broad systemic issues such as high costs of living and a lack of affordable childcare during

typical working hours; to interpersonal issues like experience with intimate partner violence and mental health issues; and factors that make rising out of poverty harder such as human services being far away and difficult to access and navigate, lack of reliable transportation, high fees, and the stress of trying to navigate public assistance and homelessness.

“Doing well for me is feeling empowered, safe and together [with family].”



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“When you've been homeless and you start to get your stuff back together, that anxiety kicks in. Your biggest fear is getting back there.”

Another widely mentioned factor on the path to “doing well” was coping with the trauma and anxiety that many parents experienced. Participants from each focus group mentioned that mental health services were an area of significant need in their lives. The kinds of issues most commonly mentioned were depression, anxiety, addiction, and past traumas related to interpersonal violence. Those

that had experience working through mental health issues repeatedly stressed the importance of having quality peer support, access to mental health services or therapy, and understanding support staff.



Services and Support Needed

On-site services are an important piece of the GOALS service model, and participants reacted very positively to hearing that services and caseworkers would be conveniently located on site at GOALS. Participants in focus groups mentioned that they had “wasted gas” trying to get to services like food stamps only to be met with long wait times that caused them to miss other appointments, or to be told that they’d made a small paperwork mistake after weeks of waiting to hear back on the status of a benefits application. In the first two focus groups we asked participants to rate what services they were most likely to use, and what priority they would assign to each. Table 1 illustrates the degree of priority participants ascribed to proposed on-site services. Some of the highest priority or most commonly mentioned services included:

- Temporary housing and help finding permanent housing
- Childcare and summer programs for children
- Education and support for parenting
- Indoor/outdoor recreation opportunities
- Residential resource center
- Mental health counseling and healthcare
- Family finance training and developing a plan for family income
- Job search help

In addition to the actual supports and services that would be provided, participants from all focus groups talked about the benefit and importance of receiving emotional support from peers and case managers.



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Table 1. Participant service prioritization

Activity	Would Use (N=14)	Priority Score
Desired Services: Families		
Education and support for parenting	64% (9)	6.7
Developing a plan for family income	71% (10)	9
Finding permanent housing	71% (10)	10
Getting benefits/aid	43% (6)	4.3
Indoor/outdoor recreation	64% (9)	7
Meals	50% (7)	6
Residential resource center	64% (9)	8.7
Support and information on managing children	64% (9)	6.3
Temporary housing	64% (9)	8.3
Desired Services: Children		
After-school program	57% (8)	8.3
Counseling	64% (9)	8.3
Enrichment programs	36% (5)	5.7
Healthcare	50% (7)	6.7
Help getting a young child ready to start school	50% (7)	9.7
Mentoring	50% (7)	8.3
Preschool	57% (8)	9
Recreation	43% (6)	5
Screening for services or problems	50% (7)	6.7
Summer programs	64% (9)	9
Desired Services: Parents		
Childcare	71% (10)	10
Counseling/therapy	64% (9)	8
Family finance training	64% (9)	7
GED instruction	29% (4)	3.7
Health services	57% (8)	7.3
Higher education	57% (8)	7.3
Job search help	64% (9)	9
Job training	57% (8)	7.7
Language/ English instruction	7% (1)	1.7
Legal services	43% (6)	6
Skills development	57% (8)	7
Substance abuse treatment	21% (3)	1.7
Work supports	50% (7)	6.3



Service Engagement Strategies

Effective case management

Having a quality case manager is key to helping families stay engaged in services. Focus group participants reflected on several qualities of what makes a good or bad case manager. Participants in all focus groups reflected on the importance of having empathy or having gone through the same struggles they're facing and described how frustrating it was that "the people who can help you aren't going through what you're going through". Many of the participants from the first two focus groups were referred by the same caseworker (at least one participant said she'd been working with the same one for 4+ years) and emphasized what a difference it made to work with someone who "knew the system", was responsive, cared about their situation, and would follow-through on promises.

In addition to having a quality caseworker, the second and third focus group brought up the importance of having individualized case management plans. One group discussed the potential merits of having some form of accountability or tiered privileges while living at GOALS. The tiered privilege approach had been taken in domestic violence shelters where individuals work toward goals set out in their individual treatment plans with additional



privileges allowed to residents as they reach certain benchmarks toward those goals. While appealing to some in the focus groups, the notion of tiered privileges was not universally supported.

“It’s not just about looking for a job...it’s getting to know who you are, what skills you have, what skills you already had that you didn’t realize you had. It’s like knowing who you are and then being able to do the skills for finding a job.”

Benefits and challenges of living at GOALS

In addition to the on-site services, participants mentioned that one of the biggest benefits of living at GOALS was simply alleviation from the stress of “having to worry about next month”. For families, having a safe place to live while saving money and looking for a permanent residence was among their top priorities. They were also excited about the possibility of being able to meet other families (while also having their own rooms) and to potentially participate in communal events.

However, for as many potential benefits of communal living participants identified, they had just as many reservations and were skeptical about the use of common spaces and how rules would be structured around chores, cleanliness, and behavior. Parents in the first two focus groups voiced concerns about how meals would be handled and whether they would be free to prepare nutritious food for their families without the kitchen being too crowded or having cooking implements cross-contaminated for special diets and allergies.

Living at GOALS	
Potential Negatives	Potential Positives
<ul style="list-style-type: none"> • Communal Kitchen (diet) • Shared bathrooms (germs/hygiene/cleanliness) • Alcohol/substance use rules • Curfew & freedom – adults apart from kids; freedom to leave and have visitors; not feel punished for being poor • Parenting being affected by other families 	<ul style="list-style-type: none"> • Stability/safety • Can cook for own family • On-site services and caseworkers • Ability to save money • Individual Treatment Plan and work toward goals • Chance to meet other families; not grouped with singles • Potential for community support and activities

There were questions about whether it would be possible to leave GOALS for brief periods, with one couple asking if they would be able to take their children camping on the weekends. Many parents affirmed their desire to set the rules and expectations for their own families and were fearful communal living would undermine this ability.

Participants in the first two groups were asked, and expressed concerns about, balancing freedom with accountability and safety within a residential program. While the consensus was that there needed to be common rules to make sure that parents and kids were safe and responsible, parents were wary of being treated like criminals by strict rules around curfew or substance use. One woman said, “There’s always going to be people who abuse the system, but I would still like to be a little respectful. I’m not a criminal, I don’t need you to watch me go to the bathroom... I’ve never had to do that before and now, just because of my financial situation, I would feel like I was being treated like a criminal.”

Family Engagement at GOALS

The first two focus groups focused on needed services and reactions to what it would be like to participate in GOALS, and the feedback from both groups was largely consistent. Based on this, CPR sought to learn more from individuals who had experienced housing instability but were farther along the path to self-sufficiency than those in the first two groups. CWEE’s program was a good fit for recruitment for this purpose.



In order to dive a little deeper into the appeal of various types of family voice and program support activities, the third focus group was asked to rate engagement activities related to living at GOALS.

Table 2. Engagement activities ratings

Family Engagement	Very Appealing	Not Very Appealing
Fix meals for my family.	50% (6)	25% (3)
Share meal preparation with other families as scheduled.	17% (2)	33% (4)
Help new families get oriented GOALS.	92% (11)	8% (1)
Participate in chores assigned by staff.	50% (6)	25% (3)
Together with other residents, figure out a plan for chores and accountability.	33% (4)	42% (5)
Participate in meetings to give/receive feedback about the way residents interact with the program.	58% (7)	8% (1)
Participate in meetings to give/receive feedback about the program administration.	58% (7)	17% (2)
Participate in feedback groups facilitated by someone outside the program.	58% (7)	8% (1)
Serve on a resident council.	75% (9)	0%
Mentor and/or encourage residents after leaving the program.	67% (8)	0%
Engage in service work to “give back” to GOALS.	83% (10)	0%
Plan and implement recreational activities for the children at GOALS.	83% (10)	8% (1)
Plan and implement social activities for all the residents at GOALS.	75% (9)	8% (1)

Overall, participants of this group:

- Considered orienting new residents, engaging in service work to give back to GOALS, serving on a resident council, and planning recreational activities for the children and all residents as very appealing.
- Found the prospect of fixing meals for all families on a schedule and planning and holding each other accountable for chores as the least appealing.

The focus group participants expressed a strong preference for engagement where they could plan and/or offer feedback on activities that would serve their individual families or the group as a whole, except for self-regulating chores among residents. This overall interest and expressed willingness to engage is helpful to informing recommendations for incorporating family voice into the GOALS program model.

Path to Self Sufficiency

We asked participants in the third focus group to describe improvements in their lives since they began with CWEE, and identify the specific interventions and services that were instrumental in making those changes. Some of them mentioned that getting supports to go back to school, getting government assistance, getting stable housing through their case manager, getting sober, and finding a job were factors that helped them progress towards “doing well”.



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The focus group participants spoke very highly of the services and support offered by CWEE. CWEE uses a multi-phase model that starts with personal empowerment and development of soft skills before moving into more concrete job-skill training. CWEE's model offers services in a cohort model so this group was comprised of individuals who knew one another, unlike the other two groups. CWEE's intentional efforts to build a sense of community among participants was very evident in the focus group. Participants spoke warmly of each other and credited the feeling of community as essential to their progress in developing self-sufficiency. Many spoke of isolation they experienced prior to their involvement with CWEE, and the positive difference the relationships with their peers made.

“We're all just trying to do the same things — build our lives. It's everyone in this room I could go up to and they'll help while I'm still struggling.”

Like the participants in other focus groups, the CWEE focus group members disclosed challenging life experiences such as domestic violence, addiction, criminal history, homelessness, and childhood abuse and neglect. Despite these challenges, there was a sense of optimism for the future and clear motivation for continuing to build self-sufficiency for their families. Group members highlighted the tremendous importance of having people in their lives for whom they wanted to “do better” – and for the most part, these people were their children.

“Before I was an addict. My way of supporting my kid at the time was doing illegal things; that's all I really knew how to do because I didn't have an education, I didn't finish high school or anything. And then once I realized I could get government help – food stamps and stuff like that, then that gave me the confidence to say like, I can support her - I don't have to do things like that and now I can actually go and get my education.”

This shared clarity of motivation for improving their lives to benefit their children among the CWEE focus group participants was striking and speaks to the heart of 2Gen approaches to providing services.

Conclusions

- ✓ **GOALS service plans are well aligned with needs expressed.** Over the course of the focus groups, participants mentioned the kinds of services that they and their families/children would most benefit from. Based on feedback from the activities and discussion, it appears that the services and supports GOALS is proposing (temporary housing, meals, connecting adults to employment/education services on site, on-site regular therapy for adults and children, childcare, and help finding permanent housing) are well matched to the kinds of services and supports that parents and families say they want. The residential services case management approach of GOALS aligns with needs families are expressing.
- ✓ **Providing services on site is very appealing.** One of the biggest hurdles mentioned in the focus groups was how much travel, gas, time, and effort participants had sunk into trying to get services. The problems of poverty and homelessness compound in such a way that some parents feel it's not even “worth the fight” sometimes. Not having access to reliable transportation or childcare makes it difficult to be able to travel to far-away service agencies. Additionally, participants felt that the processes and forms for securing benefits were sometimes too complicated or took too long; they expressed that having an on-site case manager who

“Do the things that are going to stop the domino effect; don't just do things that will look nice in the newspaper.”



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“knows the system” and can help them navigate services could do wonders to make them feel less stressed and alone.

- ✓ **Opportunity to participate in GOALS was appealing to many.** Participants identified potential positives and negatives related to living in residential services with case management for families. While they had many concerns that should be addressed through facility rules or guidelines, families seemed optimistic that a program like this could serve as the step up that would allow them to save up and secure a way for more stable, permanent housing. One mother said, “it takes a little time to save that money up. It would be nice to not have to stress too much about that. I can save my money [at GOALS] because I don’t have to buy food...I don’t have to pay for housing, I’m going to be able to get my own place. Things are coming together; you can actually see that there’s a light.” Parents also seemed optimistic about the opportunity to connect with other families and to have a community of support.
- ✓ **Interest in participating in supportive services was high, but so too was the desire for personal and family agency in how the services are administered.** Participants in all three focus groups expressed support for the services planned at GOALS, but also expressed apprehension about the potential loss of self-determination for participants. Concerns related to GOALS’ response to dietary needs, religious preferences, and styles of discipline were raised, as were issues about freedom of movement in and out of the GOALS facility.
- ✓ **Some rules and structure around communal living need to be in place to make sure families feel safe.** Participants raised several concerns about shared spaces such as bathrooms and kitchens that will need to be addressed through expectations of shared responsibility, safety, and cleanliness. Nearly all participants who had experienced some form of shelter or communal living shared stories of mismatched expectations being a source of conflict within the facility. These issues are difficult to set rules around because some of the concerns mentioned related to personal hygiene, cleanliness of common spaces, and respecting other families’ dietary restrictions and space. However, participants also voiced skepticism about how these issues could be addressed without impinging on personal freedom. Some of the solutions proposed by families included making use of a chore sheet or a system of tiered privileges for compliance with the rules and expectations. Family voice will continue to be important to make sure that the rules and procedures for enrolling in and living at GOALS treats families with dignity while also upholding standards of behavior and safety within communal living.
- ✓ **The isolating and traumatic experience of homelessness and its related life challenges can be mitigated, at least in part, by service provision that leverages intentional efforts to create community among those receiving services.** The experience had by CWEE focus group participants serves as a powerful testimonial for the positive influence peer support can make for individuals working to improve their lives. GOALS’ structure and program model offer a terrific opportunity to leverage peer support among residents. With intentional focus on building community, GOALS can well empower residents in their journeys to economic stability.

“Thank you for having us, thank you for listening. Just stay focused on keeping people empowered”



GOALS Family Voice Framework

One of the guiding principles of a 2Gen approach to serving families is the incorporation of family voice into the development and implementation of the program design. Ascend at the Aspen Institute describes it this way:

“Undergirding all of Ascend’s work — from principles to practice to policy — is a commitment to listen to families and ensure their perspectives and experience inform program and policy design. Policies provide the scaffolding and structures that support parents; parents themselves fuel and create their family’s successful path toward economic security.”²

CPR developed the Family Voice framework to be incorporated into the GOALS program design through:

- Review of relevant literature and utilizing guidance from Ascend at the Aspen Institute
- Conducting focus groups with families who fall within the target population of the GOALS program
- Discussions with, and review of documents from, the Jefferson Prosperity Project (JPP), a model 2Gen program located in Jefferson County, Colorado

The most immediate lived experience of GOALS clients is homelessness and the compounding challenges that contribute to homelessness. With the priority of creating a safe and secure environment for clients, GOALS should offer and facilitate regular opportunities for expressing family voice. Client interest and willingness to express family voice will likely increase as immediate hardships are mitigated through GOALS services, and families should be encouraged to participate in family voice activities as reasonable and appropriate to their situations.

Based on CPR’s findings from this effort, the following recommendations are provided as guidance for 2Gen program architects when designing a program that puts family voice as a core component:

Recommendations on Integrating Family Voice Into 2Gen Program Design

- **Personal Agency is key.** Within the provision of services by GOALS and partners, the most fundamental source of family voice is the personal agency of those being served. The right to self-determination for individuals and families should remain central to all service provision. Client-centered, individualized case management serves as a primary tool for clients in exercising their personal agency and providing ongoing feedback. As a self-sufficiency program, GOALS should provide supportive services to clients making their own plans, solving their own problems, and creating their own paths.
- **Engage families in policy development.** While there are rules and standards of behavior that are necessary within a communal living environment like GOALS, care should be taken to engage residents in the creation of policy whenever possible and to avoid unnecessary restrictions.
- **Allow the family to create community and ownership of the program.** Family voice will be most effectively expressed within a context of supportive community among the residents and a shared sense of ownership of the program. Intentional efforts to support the creation of community and ownership

² Top Ten for 2-Gen-Policy Ideas & Principles to Advance Two-Generation Efforts. (2014). Retrieved from <https://ascend.aspeninstitute.org/resources/top-ten-for-2gen-policy-ideas-and-principles-to-advance-two-generation-efforts/>



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among residents should be ongoing and fully incorporated into the day-to-day activities at GOALS. This could be done through:

- Establishing a protocol for experienced residents to follow in providing orientation and mentorship to new residents.
 - Providing regular group recreational activities planned by residents for the children and families.
 - Holding weekly resident meetings to address issues related to the communal living environment, ideally led by residents themselves.
 - Acknowledging milestones and celebrating successes (birthdays, job interviews, good grades at school, etc.) of GOALS residents (and staff).
 - Following proper precautions and encouraging residents to provide concrete support to one another, such as occasional childcare or sharing meal preparations.
 - Creating opportunities for residents to “give back” to the GOALS community through service activities. Examples include establishing a community garden, facility improvements such as painting, planning recreational activities, etc.
- **Create an ongoing continuous quality improvement process that allows families ongoing input and feedback.** GOALS staff should request and incorporate formal feedback from residents (adults and children) on existing and evolving program practices and solicit suggestions for improvement in meetings and through other mediums.
 - **Create a Family-centered program advisory board.** GOALS should create and support a resident advisory board that offers authentic and meaningful guidance on program administration.
 - **Encourage leadership development among program participants.** GOALS could encourage and support leadership development among residents to enhance confidence and ability to fully engage with family voice. For example, if the resident meetings are routinely led by residents, rotate this responsibility and establish, with the residents, basic protocol and facilitation expectations for leading the meeting.
 - **Include program graduates lived experience as program ambassadors.** Take advantage of program graduates lived experience as program ambassadors with GOALS partners, funders, and the community at large.
 - **Collect formal data from program participants for ongoing CQI efforts and program evaluation.** Gather formal feedback from residents through focus groups, surveys, and other means to inform the evaluation of the GOALS program.